

01/11/00

01-12-003

Offices of Leona L. Lauder
99 Pine Street, Suite 610
San Francisco, CA 94104-3313
(415) 981-2034

Atty. Docket No. CATX-N

"Express Mail" Label No. EJ652270849US

Date of Deposit January 11, 2000

U.S. PTO
09/480389
01/11/00

PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D. C. 20231

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D. C. 20231

By Denise Ortega

Sir:
Transmitted herewith for filing is the
☒ patent application,
☐ continuation-in-part patent application of

Inventor(s): **Bruce M. Boman**

For: **IMMUNOASSAYS TO DETECT DISEASES OR DISEASE SUSCEPTIBILITY TRAITS**

☒ This application claims priority from provisional application 60/116,247 (filed January 14, 1999) under 35 USC 119(e).

Enclosed are:

- ☒ 59 pages of Specification; 8 pages of Claims; 1 page(s) of Abstract
- ☐ _____ sheet(s) of ☐ formal ☐ informal drawing(s).
- ☐ An assignment of the invention to _____.
- ☒ A ☐ signed ☒ unsigned Declaration & Power of Attorney.
- ☐ A ☐ signed ☐ unsigned Declaration.
- ☐ A Power of Attorney by Assignee with Certificate Under 37 C.F.R. Section 3.73(b).
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 ☐ is enclosed ☐ was filed in the earliest of the above-identified patent application(s).
- ☐ A certified copy of a _____ application.
- ☐ Information Disclosure Statement under 37 CFR 1.97.
- ☐ Enclosed is a petition to extend time to respond in the parent application of the continuation-in-part application.
- ☐ The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	48 -20=	28
INDEP CLAIMS	3 -3=	0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED		

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
RATE	FEE		RATE	FEE
	\$ 380	OR		\$ 690
x 9=	\$	OR	x18=	\$ 504
x39=	\$	OR	x78=	\$ 0
+ 130=	\$	OR	+ 260=	\$
TOTAL	\$	OR	TOTAL	\$1,194

☒ A check for \$1,194 _____ is enclosed.
☒ Charge any additional fees to Deposit
Account No. 12-0615.

Respectfully submitted,

Leona L. Lauder
Reg. No.: 30,863
Attorney for Applicant

Telephone: (415) 981-2034
Fax: : (415) 981-0332